**USPTO** 

780,699 2708 INTERNAL TRANSFER REQUEST FOR S.N. FROM: (print name) DATE: **REASON(S):** A. You had Parent **FORWARD TO:** (check box) B. See Title A. Art Unit: (check box) B. Class: C. See Abstract (check box) 500+ D. See Claim(s): C Subclass: FURTHER EXPLANATION/IF NEEDED: Luchio & Image Compression & decompression SORM 14102 (print name) FROM: DATE: REASON(S): A. You had Parent **FORWARD TO:** (check box) 2121 B: See Title A. Art Unit: (check box) C. See Abstract B. Class: (check box) 300 D. See Claim(s): C Subclass: **FURTHER EXPLANATION IF NEEDED:** NO AUDIO CLAIM GMITATIONS. NO ANDIO REQUIRED. FROM: (print name) DATE: REASON(S): FORWARD TO CLASSIFIER A. You had Parent (check box) B. See Title (check box) C. See Abstract (check box) D. See Claim(s): FURTHER EXPLANATION IF NEEDED: **DISPOSITION BY 2700 CLASSIFICATION CLASSIFIER:** DATE: REASON(S): A. You had Parent FORWARD TO: (check box) A. Art Unit: B. See Title (check box) C. See Abstract B. Class: (check box) D. See Claim(s): C Subclass:

**FURTHER EXPLANATION IF NEEDED:**